

Adrian M. Fenty, Mayor

Leon J. Swain, Jr., Chairperson

Instructions for Filing an application to apply for a Taxi Meter Business License New, Renewal or Change of Information.

TAXI METER BUSINESS NEW, RENEWAL OR CHANGE OF INFORMATION APPLICATION

Application Type (Please check one)

☐ New Application
 ☐ Renewal
 ☐ Change of Information

Business Entity (Please check one)

☐ **Individual**
☐ **Partnership**
☐ **Corporation**

License #:

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 (Please enter license #. If application is for a new taximeter, a license # will be assigned.)

I. BACKGROUND INFORMATION ON TAXI METER BUSINESS

(All fields in this section must be filled-out completely for your application to be processed)

Business Name:																										
D/B/A:																										
Address:																										
E-Mail:																										
Phone No:											EIN #		or	SSN#:												

Office Use Only

Initials of Person Assigned to Application:

Date Received: / /

II. LISTING OF ALL OWNERS OFFICERS, PARTNERS AND STOCKHOLDERS

[illegible][illegible][illegible]

How Long at this Address _____ # of Shares _____

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Phone #:_____

[illegible][illegible][illegible][illegible]

How Long at this Address _____ # of Shares _____

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Phone #: _____

[illegible][illegible][illegible][illegible]

How Long at this Address _____ # of Shares _____

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Phone #: _____

[illegible]

III. WORKSITE INFORMATION

LISTING OF ALL EMPLOYEES QUALIFIED TO INSTALL, REPAIR OR RECALIBRATE METERS

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

TAXI METER BUSINESS WORKSITE INFORMATION

How many vehicles can be repaired simultaneously at location? _____

What provisions have been made for meter inspection? _____

Is a certified measured mile available in your area for test purposes? Yes ☐ No ☐

What is the location?

IV. PROPOSED CHANGE IN BUSINESS NAME – This is the new business you would like to use.

V. PROPOSED CHANGE IN D/B/A NAME – This is the new D/B/A name you would like to use.

VI. PROPOSED CHANGE IN ADDRESS – This is the address you would like to move your company to.

VII. PROPOSED CHANGE IN WORKSITE INFORMATION – (Including addition of individuals qualified to work on meters).

LISTING OF ADDITIONAL INDIVIDUALS QUALIFIED TO INSTALL, REPAIR OR RECALIBRATE METERS

Last Name:

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First Name:

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Certified to work on :

Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name:

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Certified to work on :

TAXI METER BUSINESS INFORMATION (PROPOSED SITE)

How many vehicles can be repaired simultaneously at location: _____

What provisions have been made for meter inspection _____

Is a certified measured mile available in your area for test purposes? Yes ☐ No ☐

What is the location? _____

VIII. QUESTIONNAIRE

PLEASE NOTE – ALL OFFICERS MUST FILL OUT THIS FORM.

If you have multiple officers, please photocopy this page and have each and every officer fill it out in full.

All questionnaires must be submitted – COMPLETED – with your application.

Name (print): _____

Signature: _____

Today's Date: _____

Title: _____

Number of Shares: _____

Character/History of Principals

Have you ever:

A) Been convicted of a crime anywhere, other than a traffic violation? ☐ YES ☐ NO

B) Had any type of license suspended or revoked? ☐ YES ☐ NO

C) Applied for and/or received any type of license granted by DCTC? ☐ YES ☐ NO

D) Compromised any liability with creditors, been insolvent? ☐ YES ☐ NO

E) Been refused a bond or had an existing bond cancelled by the obligator? ☐ YES ☐ NO

IX. DC RESIDENT AGENT FOR SERVICE OF LEGAL PROCESS

Name of Applicant or Authorized Representative (print):

DC Street Address:

Washington, DC 200_____ **Phone:** _____

Fax: _____ **E-mail:** _____

Signature _____

X. CONFIDENTIALITY STATEMENT

All information submitted in this Application alleged to be proprietary and confidential will be withheld from public disclosure. The fact that the material submitted is alleged to be proprietary and confidential, however, in no way implies that the Commission concurs with the assertion regarding the confidentiality of the subject material.

Proprietary and confidential information will be disclosed only to Commissioners and Commission management. Information provided will be held in confidence and used solely by the Commission in conjunction with its regulatory responsibilities and will not be disclosed publicly in any manner or privately to anyone. This provision in no way limits the disclosure of the material, if it is or subsequently becomes, public data. In the event of a dispute as to whether the material is so highly proprietary, confidential or sensitive as to warrant denial of access, such dispute will be submitted to the Commissioners for resolution.

XI. AFFIDAVIT

REQUIRED TO BE COMPLETED BY ONE OFFICER REPRESENTING THE OWNER(S) AND NOTARIZED.

I, the Applicant, hereby certify under penalty of perjury, under the laws of the District of Columbia and the United States of America, that all information supplied on this form and any attachments hereto is true and correct to the best of my knowledge and belief. I further certify that there are no proceedings, either completed or pending, in which I, the Applicant, have been found unfit or in which my fitness is under investigation by this Commission or any other regulatory body. **Note: If there are or were such proceedings, provide the following for all proceedings whether completed or pending:**

Description _____
Case No & Name _____
Regulatory Body _____
Date Instituted _____ Date Completed _____

I, the Applicant, further hereby certify that I have access to and am familiar with the requirements of relevant District laws, rules and regulations, including DC Law 6-97 and 31 DCMR, and that I will comply with these laws, rules and regulations and all Commission orders and requirements.

Name/title _____

Signature _____

Date _____

I, _____ being duly sworn, depose that I am the individual

Applicant Signature

making the foregoing statements and signing this application and that the statements contained in this application are true to the best of my knowledge and belief. Sworn and subscribed to before me on the _____ day of

_____ 20_____.

Date

Month

Year

My Commission expires _____ Notary Public _____

Signature/Seal _____

City/County of _____ District/State of _____

TO REPORT WASTE, FRAUD, OR ABUSE BY ANY D.C. GOVERNMENT OFFICE OR OFFICIAL, CALL THE D.C. INSPECTOR GENERAL AT 1-800-521-1639.

NOTICE OF NON DISCRIMINATION: In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code §2-1401-01 et seq., (Act) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex (gender or sexual harassment), age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business. Sexual harassment is a form of sex discrimination which is also prohibited by this Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.